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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 366411294
Report Date: 08/14/2026
Date Signed: 08/14/2026 03:21:52 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/20/2024** and conducted by Evaluator Beena Singh

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20241120134233

FACILITY NAME:	EUROPEAN HOME CARE III			**FACILITY NUMBER:**	366411294
ADMINISTRATOR:	GLEN BERNAL			**FACILITY TYPE:**	740
ADDRESS:	355 FRANKLIN AVE			**TELEPHONE:**	(909) 213-1000
CITY:	REDLANDS,	**STATE:** CA		**ZIP CODE:**	92373
CAPACITY:	6	**CENSUS:** 6		**DATE:**	08/14/2026
		UNANNOUNCED		**TIME BEGAN:**	08:40 AM
MET WITH:	Facility Administrator Iren Ceighton			**TIME COMPLETED:**	04:00 PM

ALLEGATION(S):

1	Staff consume liquor while on shift.
2	Staff do not have fingerprint clearance.
3	Staff lock facility doors to prevent residents from leaving.
4	Staff refuse to call an ambulance for residents in care.
5	Staff insert suppositories to residents in care.
6	Staff facility records are falsified.
7	Staff did not maintain resident records.
8	Residents are not provided proper food service.
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Beena Singh conducted an unannounced visit to deliver findings on the
2	allegations listed above. LPA met with Facility Administrator Iren Ceighton and explained the purpose of
3	the visit. The investigation consisted of interviews and review of records.
4	
5	First allegation, staff consume liquor while on shift.
6	During the facility visit, the Licensing Program Analyst (LPA) conducted a comprehensive walkthrough,
7	inspecting the kitchen cabinets, appliances, and pantry, and noted no liquor present. Additionally, the LPA
8	interviewed facility residents, all of whom reported never witnessing staff consume alcohol while on duty
9	or detecting any odor of liquor on them. Three(3) out of Three Staff denied consuming or storing alcohol
10	at the facility, as well as witnessing any coworkers drinking while providing resident care.
11	
12	
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Beena Singh
LICENSING EVALUATOR SIGNATURE:
DATE: 08/14/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/14/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27
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			UNANNOUNCED	**TIME BEGAN:**	08:40 AM
MET WITH:	Facility Administrator Iren Ceighton			**TIME COMPLETED:**	04:00 PM

ALLEGATION(S):

1	Staff did not ensure resident’s diapering needs were met.
2	Staff did not inform resident’s physician of resident’s change of condition.
3	Staff did not provide adequate medication assistance to residents in care.
4	Staff threatened residents in care.
5	Staff did not ensure sufficient food items were available at the facility for residents in care.
6	Staff did not prevent residents from engaging in inappropriate interactions.
7	Staff yelled at residents in care.
8	Staff did not assist residents that sustained falls.
9	Centrally stored medications are accessible to residents in care.

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Beena Singh conducted an unannounced visit to deliver findings on the
2	allegations listed above. LPA met with Facility Administrator Iren Ceighton and explained the purpose of
3	the visit. The investigation consisted of interviews and review of records.
4	
5	
6	First allegation, Staff did not ensure resident’s diapering needs were met. Regarding the allegation “Staff
7	did not ensure resident’s diapering needs were met” LPA conducted interviews with residents pertaining
8	to the allegation resident’s diaper needs were not met. Six(6) out of six(6) residents denied the allegation
9	and stated that staff completes their diaper needs and change residents on a timely manner.
10	
11	
12	
13	

Unsubstantiated	**Estimated Days of Completion:**

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27
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FACILITY NAME: EUROPEAN HOME CARE III **FACILITY NUMBER:** 366411294
VISIT DATE: 08/14/2026

NARRATIVE

Second allegation, Staff did not inform resident's physician of resident's change of condition. Regarding the allegation "Staff did not inform resident's physician of resident's change of condition" LPA conducted interviews with residents pertaining to the allegation Staff did not inform resident's physician of resident's change of condition. Six(6) out of six(6) residents denied the allegation and stated that staff do inform their physician/Innovage, if there is any change in condition. Staff#1 told LPA Singh that staff calls Innovage and informs innovage and all the medical care has been provided through Innovage. Residents goes to Innovage for their weekly checkups.

Third Allegation: Staff did not provide adequate medication assistance to residents in care. Staff did not provide adequate medication assistance to residents in care, Regarding the alleged allegation. LPA conducted interviews with residents and six out of six residents stated that they receive medication on a timely manner. In addition, all residents stated that medication is always given and not withheld by staff. LPA conducted a file review of residents MAR records and observed that all medication is being distributed and managed correctly by staff.

Fourth Allegation: Staff threatened residents in care.

Staff threatened residents in care. Regarding the allegation "Staff threatened residents in care" LPA conducted interviews with residents pertaining to the alleged allegation and six out of six residents denied being threatened or mistreated by staff. In addition, all residents denied witnessing staff threat other residents in care. LPA conducted interviews with staff regarding the allegation stated above, all staff denied threatening or mistreating residents in care. In addition, staff also denied witnessing other staff threat or mistreat residents in care.

Fifth Allegation: Staff did not ensure sufficient food items were available at the facility for residents in care.

Staff did not ensure sufficient food items were available at the facility for residents in care. Regarding the allegation stated above. LPA conducted an inspection on facilities food supply. During the inspection LPA discovered that the facility had adequate amount of food supply to meet resident needs. LPA conducted interviews with residents and six out of six residents stated that the food provided is fulfilling and have no issues with food or snack supply.

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
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FACILITY NAME: EUROPEAN HOME CARE III FACILITY NUMBER: 366411294
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NARRATIVE

Sixth Allegation: Staff did not prevent residents from engaging in inappropriate interactions. Regarding the allegation "Staff did not prevent residents from engaging in inappropriate interactions." LPA conducted interviews with residents pertaining to the allegation Staff did not prevent residents from

engaging in inappropriate interactions. Six(6) out of six(6) residents denied the allegation and stated that staff do prevent any inappropriate interaction and supervises the residents in their care.

Seventh Allegation: Staff yelled at residents in care.

Staff yelled at residents in care. Regarding the allegation “Staff yelled at residents in care” LPA conducted interviews with residents pertaining to the allegation stated above and six out of six residents denied being yelled at by staff. In addition, all residents denied witnessing staff yell at residents in care. LPA conducted interviews with staff regarding the allegation stated above, all staff denied yelling at residents in care. In addition, staff also denied witnessing other staff yell at residents in care.

Eighth Allegation: Staff did not assist residents that sustained falls.

Staff did not assist residents that sustained falls. Regarding the allegation” Staff did not assist residents that sustained falls” LPA conducted interviews with residents, and all denied staff not assisting residents with transfers. All residents also stated that caregivers are very involved with helping residents who are non-ambulatory. Furthermore, during interviews residents denied witnessing residents sustain falls and not being assisted by staff

Ninth Allegation: Centrally stored medications are accessible to residents in care.

Centrally stored medications are accessible to residents in care. Regarding the allegation “Centrally stored medications are accessible to residents in care” LPA conducted a walkthrough of the facility during the walkthrough LPA discovered a black metal cabined located across bedroom #6 that was locked and secure. LPA checked cabinet to ensure that the cabinet was locked and secured. During the inspection facility staff opened the cabinet with a key (no magnet) and demonstrated to LPA that medication cabinet remains locked and inaccessible to residents in care.

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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COMMUNITY CARE LICENSING DIVISION
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FACILITY NAME: EUROPEAN HOME CARE III **FACILITY NUMBER:** 366411294
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NARRATIVE

The investigation did not provide any evidence or witnesses that indicated that these Allegations listed above Staff did not ensure resident’s diapering needs were met, Staff did not inform resident’s physician of resident’s change of condition, Staff did not provide adequate medication assistance to residents in care, Staff threatened residents in care, Staff did not ensure sufficient food items were available at the facility for residents in care, Staff did not prevent residents from engaging in inappropriate interactions, Staff yelled at residents in care, Staff did not assist residents that sustained falls and Centrally stored medications are accessible to residents in care

Therefore, based on the evidence gathered during the investigation, the allegations listed above is deemed UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur.

Based on corroborating evidence obtained during the course of the investigation, LPA has determined that the above allegations are Unsubstantiated.

Unsubstantiated; meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur.

An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided to Facility Administrator Iren Ceighton

SUPERVISORS NAME: Efren Malagon
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

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CAPACITY:	6	**CENSUS:**	6	**DATE:**	08/14/2026
			UNANNOUNCED	**TIME BEGAN:**	08:40 AM
MET WITH:	Facility Administrator Iren Ceighton			**TIME COMPLETED:**	04:00 PM

ALLEGATION(S):

1. Staff do not have a fire evacuation plan at the facility.
2. Staff left residents unattended.
3. Staff do not have an infection control plan at the facility.

INVESTIGATION FINDINGS:

Licensing Program Analyst (LPA) Beena Singh conducted an unannounced visit to deliver findings on the allegations listed above. LPA met with Facility Administrator Iren Ceighton and explained the purpose of the visit. The investigation consisted of interviews and review of records.

First Allegation: Staff do not have a fire evacuation plan at the facility. Regarding the allegation “Staff do not have a fire evacuation plan at the facility” LPA conducted a walkthrough of the facility During a walkthrough of the facility, the Licensing Program Analyst (LPA) observed proper fire evacuation posters

and exit signs posted throughout the building. A subsequent record review indicated that the last fire evacuation drill was successfully completed on . Additionally, facility staff reported that the main entry door serves as the primary exit during a fire emergency, and the LPA noted that four out of the six bedrooms are equipped with their own exit doors.

Unsubstantiated	Estimated Days of Completion:

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

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NARRATIVE

Second Allegation: Staff left residents unattended.
Staff left residents unattended. Regarding the allegation “Staff left residents unattended” LPA conducted interviews with residents regarding the allegation stated above all six residents denied being left alone or unattended at the facility. LPA conducted interviews with regarding the alleged allegation all staff denied leaving residents in care unattended or unsupervised.

Third Allegation: Staff do not have an infection control plan at the facility.

Staff do not have an infection control plan at the facility. Regarding the allegation “Staff do not have an infection control plan at the facility” LPA conducted a record review and observed that facility had an infection control plan in place that was current. In addition, LPA observed proper postings throughout the facility that indicated the preventions and the spreads of infections and illnesses.

The investigation did not provide any evidence or witnesses that indicated that these Allegations listed above Staff do not have a fire evacuation plan at the facility, Staff left residents unattended and Staff do not have an infection control plan at the facility.

Therefore, based on the evidence gathered during the investigation, the allegations listed above is deemed UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur.

Based on corroborating evidence obtained during the course of the investigation, LPA has determined that the above allegations are Unsubstantiated.

Unsubstantiated; meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur.

An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided to Facility Administrator Iren Ceighton

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
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NARRATIVE

Second allegation, Staff do not have fingerprint clearance.
Regarding the allegation “Staff do not have fingerprint clearance” LPA retrieved a facility roster via Guardian Background System, and observed that Staff #1, Staff#2, and Staff#3, that were currently working at the facility all were eligibly cleared. LPA conducted a file review for Staff 1-3 and discovered that all clearance records were on file.

Third allegation, Staff lock facility doors to prevent residents from leaving. Regarding the allegation “Staff lock facility doors to prevent residents from leaving” LPA conducted a walk through of the facility and inspected six out of six resident’s bedrooms along with resident’s doorknobs and observed that no doors have locks in place. In addition, LPA conducted an inspection on all doors along with emergency exists and witnessed that no doors have locks in place. LPA conducted interviews with residents regarding the allegation “Staff locking facility doors to prevent residents from leaving” all residents denied being locked or prevented from leaving the facility. LPA conducted interviews with staff regarding the alleged allegation, and all denied locking or preventing residents from leaving the facility.

Fourth allegation, Staff insert suppositories to residents in care. Regarding the allegation” Staff insert suppositories to residents in care” LPA conducted interviews with staff and all staff denied utilizing or inserting suppositories to residents. LPA conducted interviews with residents, and all denied having suppositories inserted by staff. LPA conducted a medication inspection and discovered that no suppositories are being stored.

Fifth Allegation: Staff facility records are falsified.

Regarding the allegation “Staff facility records are falsified” LPA conducted a file review of all staff and residents records and discovered that all required documentation for six out of six residents and Three out of there staff were on file based on Title 22 Residential Care Facility for Elderly (RCFE) and no records were falsified.

Sixth allegation, Staff did not maintain resident records. Regarding the allegation “Staff did not maintain resident records” LPA conducted a file review of all resident records and discovered that all required documentation for six out of six residents were on file based on Title 22 Residential Care Facility for Elderly (RCFE).

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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TIME BEGAN: 08:40 AM
MET WITH: Facility Administrator Iren Ceighton
TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1. Staff did not complete required trainings
2. Staff are not following reporting requirements.

INVESTIGATION FINDINGS:

Licensing Program Analyst (LPA) Beena Singh conducted an unannounced visit to deliver findings on the allegations listed above. LPA met with Facility Administrator Iren Ceighton and explained the purpose of the visit. The investigation consisted of interviews, observation and review of records.

First allegation, Staff did not complete required trainings. Regarding the allegation “Staff did not complete required trainings” LPA conducted a full staff file review and observed that Staff#2 and Staff#3 training was not completed. LPA interviewed S#2 and S#3 and they were not able to provide any intial, continuous training in Dementia care, medication care before been hired to the facility.

Second Allegation: Staff are not following reporting requirements: Regarding the allegation “Staff are not following reporting requirements” LPA conducted records review and interviews with staff#1 and Staff#2 who informed LPA that Special/Unusual Incident Reports, are not faxed to Community Care Licensing Division (CCLD) office since January, 2025, pertaining to any incident involving the residents in care.

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Beena Singh
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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: EUROPEAN HOME CARE III **FACILITY NUMBER:** 366411294
VISIT DATE: 08/14/2026

NARRATIVE

Based on the evidence gathered during the investigation, the above allegations Staff did not complete required training and Staff are not following reporting requirements are Substantiated.
Substantiated: A finding that the complaint is Substantiated means that the allegation is valid because the preponderance of the evidence standard has been met. Title 22 regulations, from division 6, chapter, article 6, is being cited on the attached LIC 9099 D.

An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided, along with a copy of the appeal rights to Facility

SUPERVISORS NAME: Efren Malagon
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FACILITY NAME: EUROPEAN HOME CARE III **FACILITY NUMBER:** 366411294
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/14/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/28/2026 **Section Cited** CCR 87705(a)(b)(1)	(b) Licensees shall be responsible for the following:(1) Ensuring staff receive the following training as part of the training requirements specified in Section 87208 Plan of Operation:(A) Dementia care, including, but not limited to, knowledge about hydration, nutrition, skin care, communication, therapeutic activities, behavioral challenges, the environment, and assisting with ADL's; (B)Recognizing symptoms that may create or aggravate behavioral	Licensee to train staff#1 and Staff#2 and provide the copies of the Dementia training completed for all staff shifts to LPA by POC via email.

		expression, as defined in Section 87101, Definitions, including, but not limited to, dehydration, UTI, and problems with swallowing; and(C)Recognizing the effects of medications commonly used to reduce behavioral expression.		
	8 9 10 11 12 13 14	Based on observation and record review, the licensee did not comply with the section cited above by not completing Staff#1 and Staff#2 training in Dementia which poses/posed a potential health, safety or personal rights risk to persons in care.	8 9 10 11 12 13 14	
Type B 08/28/2026 **Section Cited** HSC 87411(c)(3)	1 2 3 4 5 6 7	87411 Personnel Requirements-General (c) All RCFE staff who assist residents with personal activities of daily living shall receive initial and annual training as specified in Health and Safety Code sections 1569.625 and 1569.69 (3) The training shall include, but not be limited to, the following:(A)The aging process and physical limitations and special needs of the elderly(B)Importance and techniques of personal care services, including but not limited to, bathing, grooming, dressing, feeding, toileting, and infection control, as specified in Section 87470, Infection Control Requirements. (C) Residents rights, as specified in Section 87468, Personal Rights. (D) Policies and procedures regarding medications, including the knowledge in Section 87411(d)(4). Any on-the-job training provided for the requirements in Section 87411(d)(4) may also count towards the requirement in this subsection. (E) Psychosocial needs of the elderly, such as recreation, companionship, independence, etc.(F) Recognizing signs and symptoms of dementia in individual	1 2 3 4 5 6 7	Licensee to train staff#1 and Staff#2 and provide the copies of the Medicationtraining completed for all staff shifts to LPA by POC via email.
	8 9 10 11 12 13 14	Based on observation and record review, the licensee did not comply with the section cited above by not completing Staff#1 and Staff#2 training in Training which poses/posed a potential health, safety or personal rights risk to persons in care.	8 9 10 11 12 13 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Efren Malagon
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Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 08/28/2026 **Section Cited** HSC 87211(a)(b)	1 2 3 4 5 6 7	87211Reporting Requirements(a) Each licensee .. the Department may require, including, but not limited to, the following:(1)A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case.(A) Death of any resident from any cause regardless of where the death occurred, including but not limited to a day program, a hospital, en route to or from a hospital, or visiting away from the facility.(B)Any serious injury as determined by the attending physician and occurring while the resident is under facility supervision...Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents,...(2) Occurrences, such as epidemic outbreaks ... which threaten the welfare, safety or health of residents, personnel or visitors, shall be reported within 24 hours either by telephone or facsimile to the licensing agency and to the local health officer when appropriate.(3) Fires or explosions which occur in or on the premises shall be reported.., within 24 hours to the State Fire Marshal; and no later than the next working day to the licensing agency.(b)Any known, suspected, or alleged abuse of an elder ... with dementia diagnosed by a licensed physician and there was no serious bodily injury, the local law enforcement agency as required by Welfare and Institutions Code Section 15630(b)(1).	1 2 3 4 5 6 7	Licensee to train/read Title 22 reporting requirements to all staff on reporting requirements and provide the copies of the training completed for all staff to LPA by POC via email.
	8 9 10 11 12 13 14	Based on observation and record review, the licensee did not comply with the section cited above by not reporting to CCLD since last year 2025, which poses/posed a potential health, safety or personal rights risk to persons in care.	8 9 10 11 12 13 14	
	1 2 3 4		1 2 3 4	

	5 6 7			5 6 7	
	1 2 3 4 5 6 7			1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Efren Malagon
LICENSING EVALUATOR NAME: Beena Singh
LICENSING EVALUATOR SIGNATURE:
DATE: 08/14/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/14/2026

Control Number 56-AS-20241120134233

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: EUROPEAN HOME CARE III **FACILITY NUMBER:** 366411294
VISIT DATE: 08/14/2026

NARRATIVE

Seventh allegation, Residents are not provided proper food service. During the inspection LPA discovered that the facility had adequate amount of food supply to meet resident needs. In addition, LPA observed that all food including canned goods sustained current shelf life. LPA conducted interviews with residents where five out of six residents stated that that the food is good and have no concerns.

The investigation did not provide any evidence or witnesses that indicated these Allegations listed above Staff consume liquor while on shift, Staff do not have fingerprint clearance, Staff lock facility doors to prevent residents from leaving, Staff refuse to call an ambulance for residents in care, Staff insert suppositories to residents in care, Staff facility records are falsified, Staff did not maintain resident records and Residents are not provided proper food service.

Therefore, based on the evidence gathered during the investigation, the allegations listed above is deemed UNSUBSTANTIATED. A finding that the complaints are UNSUBSTANTIATED means although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, LPA has determined that the above allegations are Unsubstantiated.

Unsubstantiated; meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur.

An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided to Facility Administrator Iren Ceighton

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Beena Singh
LICENSING EVALUATOR SIGNATURE:
DATE: 08/14/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2026